								Application or Docket Number					
	PATENT A	۲	101	K 1	/ O ^								
Effective October 1, 2001								(	JYI	31	690	) ()	
CLAIMS AS FILED - PA (Column 1)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					1 Sec. 1			RATE	FEE	] [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			⊋ & minus 20=		* 8			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			✓ minus 3 =		* 4			X42=		OR	X84=	78	
ΜU	LTIPLE DEPENI	DENT CLAIM PR	RESENT				+140=			OR	+280=	- 0	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								. 0 1/1		7 ~.,	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	gen in som enga engal menganisti in	CLAIMS REMAINING AFTER AMENDMENT	rijav kardi. Programa	NUIV PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	* 28	Minus	** 0	28	1		X\$ 9=		OR	X\$18=		
ME	Independent	* 4	Minus	***	4	=		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPE			ENDEN	T CLAIM		\	+140=		OR	+280=		
							L	TOTAL		1	TOTAL	<u> </u>	
(Column 1) (Column 2) (Column 3)								ODIT. FEE		7~	ADDIT. FEE		
AMENDMENT B		CLAIMS		HIGI	HEST MBER		Г	1 100 SHE	ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT	ger ore	PREVI	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AILA			X42=		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [	+140=		OR	+280=		
(Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
								DUII. FEC			AUDII. FEE		
AMENDMENT C	7. 15.	CLAIMS REMAINING		HIG	HEST MBER	PRESENT	Г		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREV	IOUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	11	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	IULTIPLE DEPENDEN		IT CLAIM		J  -	+140=		1	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+ 140=		OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate the second										JOR	ADDIT. FEE		
	The "Highest Num	nber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numb	er four	nd in the ap	opropriate b	ox in co	olumn 1.		

(7)

**Additional** Fee

= \$ 0

= \$ 0

\$0

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Applicant(s) Yukihiko AOKI 09/516,900 Serial No. For DATA TRANSMISSION METHOD AND ELECTRONIC EQUIPMENT Filed March 1, 2000 Examiner Thai Tran Art Unit 2615 745 Fifth Avenue New York, NY 10151 Mail Stop Amendment Commissioner for Patents RECEIVED P.O. Box 1450 Alexandria, VA 22313-1450 JUN 2 1 2004 Dear Sir: Transmitted herewith is an amendment in the above-identified application. **Technology Center 2600** No additional fee is required. The fee has been calculated as shown below. This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply. Claims as Amended (2) (3) (5) (6)(1) Claims remaining after Highest Present extra Rate amendment number previously paid for Minus \*\* =28 \* 0 x \$18(9) 28 Total claims \*\*\* =4 \* 0 x Minus \$86 (43) Independent claims Total additional fee for this amendment If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space. This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid , or is paid herewith . \_\_ month following the expiration of the term originally set therefor. This is a ☐ This response is being filed within the \_\_\_ petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed. A check in the amount of \$\_\_\_\_ is attached, which covers the cost of \[ \begin{align\*} additional claims \to \text{petition for extension of} \] \_ to Deposit Account No. 50-0320. Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320. I hereby certify that this correspondence is being deposited with Respectfully submitted, the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 14, 2004. Dennis M. Smid, Reg. No. 34.930

Name of Applicant, Assignee or Registered Representative

Signature

June 14, 2004

Date of Signature

FROMMER LAWRENCE & HAUG LL® Attorneys for Applicants 07/29/2004 PZIHKERM 00000001 500324 Dennis M. Smid Reg. No. 34,930 Tel: 212-588-0800 00199107 FC: 1251